

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support New Mexico’s retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 3.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

1. Title page for the state’s SUD demonstration or the SUD component of the broader demonstration

CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. Definitions for certain rows are below the table.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| | |
|---|--|
| State | <i>New Mexico</i> |
| Demonstration name | <i>Centennial Care 2.0 1115 Medicaid Demonstration</i> |
| Approval period for section 1115 demonstration | <i>01/01/2019/12/31/2023</i> |
| SUD demonstration start date^a | <i>05/21/2019</i> |
| Implementation date of SUD demonstration, if different from SUD demonstration start date^b | <i>01/01/2019</i> |
| SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives | <p><i>New Mexico’s 1115 waiver application supports and focuses its SUD evaluation on the six goals developed by CMS:</i></p> <ol style="list-style-type: none"> <i>1. Increased rates of identification, initiation and engagement in treatment for OUD and other SUDs;</i> <i>2. Increased adherence to and retention in treatment for OUD and other SUD;</i> <i>3. Reductions in overdose deaths, particularly those due to opioids;</i> <i>4. Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;</i> <i>5. Fewer readmissions to the same or higher level of care where readmission is preventable or medically inappropriate for OUD and other SUD; and</i> <i>6. Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs.</i> <p><i>This implementation plan will describe services currently in place, and put forward our plans to implement new services, i.e. our gaps in service options. It is based upon American Society of Addiction Medicine (ASAM) levels of care for the continuum of care and is organized by CMS’s SUD milestones:</i></p> <ol style="list-style-type: none"> <i>1. Access to critical levels of care for OUD and other SUDs</i> <i>2. Widespread use of evidence-based, SUD-specific patient placement criteria;</i> <i>3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;</i> <i>4. Sufficient provider capacity at each level of care, including Medication Assisted Treatment (MAT);</i> <i>5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and</i> <i>6. Improved care coordination and transitions between levels of care</i> |

| | |
|---|--------------------------------|
| SUD demonstration year and quarter^c | <i>SUD DY1Q1 – DY2Q2</i> |
| Reporting period^c | <i>01/01/2019 – 06/30/2020</i> |

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

^c **SUD demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved monitoring protocol. For example, if the state’s first monitoring report after monitoring protocol approval is its SUD DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q1. The SUD DY1Q1 reporting period is not listed because metrics data are reported with a one-quarter lag.

2. Executive summary

New Mexico has made significant advances in recent years in our services to both combat and treat OUD and SUD. We halted the increasing overdose trend from the highest rate among states to 13th. We must consider, however, that the upward trends of other states also impact this. However, New Mexico continues to be the top state in alcohol-related deaths and third in the nation for suicides. We still have much work to do.

New Mexico's continuum of SUD services and its implementation plan also includes:

- Treatment of co-occurring mental health conditions with a primary diagnosis of SUD;
 - A focus on the integration of SUD screening in physical health provider locations;
 - The introduction of behavioral health counselors in primary care agencies, and primary care practitioners in behavioral health agencies;
- and
- Interdisciplinary teaming with the Medicaid beneficiary and his/her natural supports to treat not only the person with the SUD, but also the family or natural support system.

Technical note:

For this retrospective re-submission of the first six quarters of the waiver, HSD carefully followed the new instructions provided in CMS Technical Specifications V3. Our data and quality assurance teams spent months working with the new data sets to try to acquire results that are an accurate representation of service utilization in New Mexico. We believe we have accomplished this goal, but also note that in a number of areas the outcomes here likely do not fully reflect the scope and amount of services being delivered. For example, metric 10 measures how many beneficiaries use residential and/or inpatient services for SUD during the quarter. The CMS V3 instructions call for this measure to include only individuals with a primary SUD diagnosis. HSD is aware that many New Mexico providers are reluctant to use SUD as the primary diagnosis, particularly for younger clients. When we recalculated this metric allowing a SUD diagnosis in any of the first three diagnostic fields, utilization was 12% higher in the second quarter.

3. Narrative information on implementation, by milestone and reporting topic

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period |
|---|---|---|---|
| 1. Assessment of need and qualification for SUD services | | | |
| 1.2.1 Metric trends | | | |
| 1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services | | <i>*EXAMPLE: #5: Medicaid Beneficiaries Treated in an IMD for SUD</i> | <i>*EXAMPLE: The number of beneficiaries with a SUD diagnoses treated in an IMD in the last quarter decreased by 5% due to the closure of one IMD in the state.</i> |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|------------|--------|----|----|------------|--|--|--|----|----|----|----|----|----|----|----|--------|--------|--------|--------|--------|--------|--|--|--|----|----|----|----|-----|--|--|
| | | <p>Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period</p> | <p>The number of beneficiaries with a SUD diagnosis and a SUD-related service during CY 2019 increased by 5% over the course of the year. Growth slowed during 2020 due to the COVID-19 public health emergency, but still increased by another 2% by the second quarter of CY2020, for a total increase of 8% since the beginning of the waiver. In response to the COVID-19 public health emergency, HSD has allowed behavioral health providers to offer most behavioral health services using telehealth, telephonic and e-visit delivery systems to ensure safe access to health care. This change in policy has helped maintain access, though given the scope of the SUD crisis in New Mexico, the numbers would almost certainly have been higher had the pandemic not occurred; SUD is a key behavioral health issue for the state and even this positive utilization trend likely underrepresents the scope of the problem. The state continues to work to streamline cross-agency collaboration, strengthen the behavioral health provider network and improve access.</p> <table border="1" data-bbox="1121 922 1877 1049"> <thead> <tr> <th colspan="4">DY1 (2019)</th> <th colspan="4">DY2 (2020)</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>58,098</td> <td>59,183</td> <td>60,979</td> <td>61,119</td> <td>63,105</td> <td>62,619</td> <td></td> <td></td> </tr> <tr> <td></td> <td>2%</td> <td>3%</td> <td>0%</td> <td>3%</td> <td>-1%</td> <td></td> <td></td> </tr> </tbody> </table> | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 58,098 | 59,183 | 60,979 | 61,119 | 63,105 | 62,619 | | | | 2% | 3% | 0% | 3% | -1% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58,098 | 59,183 | 60,979 | 61,119 | 63,105 | 62,619 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2% | 3% | 0% | 3% | -1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2.2.1 Metric trends</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|------------|--------|----|----|------------|--|--|--|----|----|----|----|----|----|----|----|--------|--------|--------|--------|--------|--------|--|--|--|----|----|----|----|-----|--|--|
| 2.1.1 The state reports the following metric trends related to Milestone 1 | | Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period | <p>The number of beneficiaries enrolled and receiving any SUD treatment service, facility claim, or pharmacy claim during CY 2019 increased by 5% over the course of the year. Growth slowed during 2020 due to the COVID-19 public health emergency, but still increased by another 2% by the second quarter of CY2020, for a total increase of 8% since the beginning of the waiver. In response to the COVID-19 public health emergency, HSD has allowed behavioral health providers to offer most behavioral health services using telehealth, telephonic and e-visit delivery systems to ensure safe access to health care. This change in policy has helped maintain access, though given the scope of the SUD crisis in New Mexico, the numbers would almost certainly have been higher had the pandemic not occurred; SUD is a key behavioral health issue for the state and even this positive utilization trend likely underrepresents the scope of the problem. The state continues to work to streamline cross-agency collaboration, strengthen the behavioral health provider network and improve access.</p> <table border="1" data-bbox="1121 954 1894 1079"> <thead> <tr> <th colspan="4">DY1 (2019)</th> <th colspan="4">DY2 (2020)</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>57,966</td> <td>59,031</td> <td>60,838</td> <td>60,982</td> <td>62,934</td> <td>62,433</td> <td></td> <td></td> </tr> <tr> <td></td> <td>2%</td> <td>3%</td> <td>0%</td> <td>3%</td> <td>-1%</td> <td></td> <td></td> </tr> </tbody> </table> | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 57,966 | 59,031 | 60,838 | 60,982 | 62,934 | 62,433 | | | | 2% | 3% | 0% | 3% | -1% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57,966 | 59,031 | 60,838 | 60,982 | 62,934 | 62,433 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2% | 3% | 0% | 3% | -1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|--|--|------------|-------|----|----|--|--|--|------------|--|--|--|------------|--|--|--|----|----|----|----|----|----|----|----|-----|-----|-------|-------|-------|-------|--|--|--|------|------|-----|-----|------|--|--|
| | | <p>Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period</p> | <p>The number of beneficiaries who used early intervention services during CY 2019 increased a total of 83% over the year. Growth slowed during the COVID-19 public health emergency of CY 2020, but utilization still increased another 12% through the end of the second quarter. The primary driver of the increase was the addition of SBIRT to the state’s Medicaid program, effective 01/01/2019, followed by expanded outreach to providers as well as state-sponsored provider trainings around the state. SBIRT has proven to be a significant way to connect New Mexicans with needed behavioral health services during the public health emergency.</p> <table border="1" data-bbox="1121 764 1885 914"> <thead> <tr> <th colspan="4" data-bbox="1121 764 1503 800">DY1 (2019)</th> <th colspan="4" data-bbox="1503 764 1885 800">DY2 (2020)</th> </tr> <tr> <th data-bbox="1121 800 1220 836">Q1</th> <th data-bbox="1220 800 1318 836">Q2</th> <th data-bbox="1318 800 1417 836">Q3</th> <th data-bbox="1417 800 1503 836">Q4</th> <th data-bbox="1503 800 1602 836">Q1</th> <th data-bbox="1602 800 1701 836">Q2</th> <th data-bbox="1701 800 1799 836">Q3</th> <th data-bbox="1799 800 1885 836">Q4</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 836 1220 872">969</td> <td data-bbox="1220 836 1318 872">748</td> <td data-bbox="1318 836 1417 872">1,496</td> <td data-bbox="1417 836 1503 872">1,775</td> <td data-bbox="1503 836 1602 872">2,305</td> <td data-bbox="1602 836 1701 872">1,996</td> <td data-bbox="1701 836 1799 872"></td> <td data-bbox="1799 836 1885 872"></td> </tr> <tr> <td data-bbox="1121 872 1220 914"></td> <td data-bbox="1220 872 1318 914">-23%</td> <td data-bbox="1318 872 1417 914">100%</td> <td data-bbox="1417 872 1503 914">19%</td> <td data-bbox="1503 872 1602 914">30%</td> <td data-bbox="1602 872 1701 914">-13%</td> <td data-bbox="1701 872 1799 914"></td> <td data-bbox="1799 872 1885 914"></td> </tr> </tbody> </table> | | | | | | | | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 969 | 748 | 1,496 | 1,775 | 2,305 | 1,996 | | | | -23% | 100% | 19% | 30% | -13% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 969 | 748 | 1,496 | 1,775 | 2,305 | 1,996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | -23% | 100% | 19% | 30% | -13% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|--|---|------------|--------|----|----|--|--|--|------------|--|--|--|------------|--|--|--|----|----|----|----|----|----|----|----|--------|--------|--------|--------|--------|--------|--|--|--|----|----|-----|----|-----|--|--|
| | | <p>Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period</p> | <p>The number of beneficiaries who used outpatient services for SUD during CY 2019 held steady for most of the year and then dropped by 3% between the third and fourth quarters. Despite another decrease between the first and second quarters of CY 2020, the second quarter is a 1% increase for the year to date. The volatility in this measure reflects significant client and provider concerns and adjustment to receiving and delivering services during the COVID-19 public health emergency, and the rising trend reveals both the extent of the SUD crisis in New Mexico and the success of the state’s work to encourage use of telehealth for most behavioral health services.</p> <table border="1" data-bbox="1121 756 1894 904"> <thead> <tr> <th colspan="4" data-bbox="1121 756 1507 792">DY1 (2019)</th> <th colspan="4" data-bbox="1507 756 1894 792">DY2 (2020)</th> </tr> <tr> <th data-bbox="1121 792 1220 828">Q1</th> <th data-bbox="1220 792 1318 828">Q2</th> <th data-bbox="1318 792 1417 828">Q3</th> <th data-bbox="1417 792 1507 828">Q4</th> <th data-bbox="1507 792 1606 828">Q1</th> <th data-bbox="1606 792 1705 828">Q2</th> <th data-bbox="1705 792 1803 828">Q3</th> <th data-bbox="1803 792 1894 828">Q4</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 828 1220 863">29,623</td> <td data-bbox="1220 828 1318 863">29,713</td> <td data-bbox="1318 828 1417 863">29,788</td> <td data-bbox="1417 828 1507 863">28,854</td> <td data-bbox="1507 828 1606 863">29,928</td> <td data-bbox="1606 828 1705 863">29,133</td> <td data-bbox="1705 828 1803 863"></td> <td data-bbox="1803 828 1894 863"></td> </tr> <tr> <td data-bbox="1121 863 1220 904"></td> <td data-bbox="1220 863 1318 904">0%</td> <td data-bbox="1318 863 1417 904">0%</td> <td data-bbox="1417 863 1507 904">-3%</td> <td data-bbox="1507 863 1606 904">4%</td> <td data-bbox="1606 863 1705 904">-3%</td> <td data-bbox="1705 863 1803 904"></td> <td data-bbox="1803 863 1894 904"></td> </tr> </tbody> </table> | | | | | | | | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 29,623 | 29,713 | 29,788 | 28,854 | 29,928 | 29,133 | | | | 0% | 0% | -3% | 4% | -3% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29,623 | 29,713 | 29,788 | 28,854 | 29,928 | 29,133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0% | 0% | -3% | 4% | -3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|--|---|------------|-------|----|----|------------|--|--|--|----|----|----|----|----|----|----|----|-------|-------|-------|-------|-------|-------|--|--|--|----|----|----|----|----|--|--|
| | | <p>Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period</p> | <p>There were no active Partial Hospitalization Programs (PHP) programs in New Mexico during 2019 or 2020, so this metric applies only to Intensive Outpatient Program (IOP).</p> <p>The number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD during CY 2019 saw a 14% increase over the course of the year, as the number of IOP programs around the state doubled. Utilization of this service continued to grow, for a 10% increase between the end of 2019 and second quarter of 2020. The increase continues to be driven by more people accessing services from an expanded provider network, as well as an increase in Medicaid enrollment due to the economic effects of the COVID-19 public health emergency.</p> <table border="1" data-bbox="1121 867 1894 1008"> <thead> <tr> <th colspan="4">DY1 (2019)</th> <th colspan="4">DY2 (2020)</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>1,782</td> <td>1,883</td> <td>1,984</td> <td>2,040</td> <td>2,220</td> <td>2,247</td> <td></td> <td></td> </tr> <tr> <td></td> <td>6%</td> <td>5%</td> <td>3%</td> <td>9%</td> <td>1%</td> <td></td> <td></td> </tr> </tbody> </table> | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 1,782 | 1,883 | 1,984 | 2,040 | 2,220 | 2,247 | | | | 6% | 5% | 3% | 9% | 1% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,782 | 1,883 | 1,984 | 2,040 | 2,220 | 2,247 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6% | 5% | 3% | 9% | 1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|---|--|------------|-----|----|----|------------|--|--|--|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|--|--|--|-----|----|----|----|----|--|--|
| | | <p>Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period</p> | <p>The number of beneficiaries who used residential and/or inpatient services for SUD during CY 2019 rose a total of 17% across the year, and then another 14% by the end of the second quarter of 2020. At the start of 2019, the state’s Centennial Care Medicaid program expanded coverage for SUD services, but full implementation was initially slow due to the need for multiple systemic changes in program regulations, provider fee schedules, provider certification and credentialing, etc. The provider network for residential and inpatient services was particularly challenged by the systemic changes, and then by the COVID-19 public health emergency and the need to limit residential clients. The consistent increase in utilization despite these challenges shows the significant need for these services in New Mexico, and is due both to more people accessing services as new residential treatment providers joined the Medicaid program, and to an increase in Medicaid enrollment due to the economic effects of the COVID-19 public health emergency.</p> <p>One technical note: The CMS V3 instructions call for this measure to include only individuals with a primary SUD diagnosis. HSD is aware that many New Mexico providers are reluctant to use SUD as the primary diagnosis, particularly for younger clients. When we recalculated this metric allowing a SUD diagnosis in any of the first three diagnostic fields, utilization was 12% higher in the second quarter.</p> <table border="1" data-bbox="1121 1200 1894 1359"> <thead> <tr> <th colspan="4" data-bbox="1121 1200 1507 1243">DY1 (2019)</th> <th colspan="4" data-bbox="1507 1200 1894 1243">DY2 (2020)</th> </tr> <tr> <th data-bbox="1121 1243 1220 1287">Q1</th> <th data-bbox="1220 1243 1318 1287">Q2</th> <th data-bbox="1318 1243 1417 1287">Q3</th> <th data-bbox="1417 1243 1507 1287">Q4</th> <th data-bbox="1507 1243 1606 1287">Q1</th> <th data-bbox="1606 1243 1705 1287">Q2</th> <th data-bbox="1705 1243 1803 1287">Q3</th> <th data-bbox="1803 1243 1894 1287">Q4</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 1287 1220 1315">443</td> <td data-bbox="1220 1287 1318 1315">496</td> <td data-bbox="1318 1287 1417 1315">515</td> <td data-bbox="1417 1287 1507 1315">520</td> <td data-bbox="1507 1287 1606 1315">551</td> <td data-bbox="1606 1287 1705 1315">591</td> <td data-bbox="1705 1287 1803 1315"></td> <td data-bbox="1803 1287 1894 1315"></td> </tr> <tr> <td data-bbox="1121 1315 1220 1359"></td> <td data-bbox="1220 1315 1318 1359">12%</td> <td data-bbox="1318 1315 1417 1359">4%</td> <td data-bbox="1417 1315 1507 1359">1%</td> <td data-bbox="1507 1315 1606 1359">6%</td> <td data-bbox="1606 1315 1705 1359">7%</td> <td data-bbox="1705 1315 1803 1359"></td> <td data-bbox="1803 1315 1894 1359"></td> </tr> </tbody> </table> | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 443 | 496 | 515 | 520 | 551 | 591 | | | | 12% | 4% | 1% | 6% | 7% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 443 | 496 | 515 | 520 | 551 | 591 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12% | 4% | 1% | 6% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|--|---|------------|-----|----|----|------------|--|--|--|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|--|--|--|----|------|----|-----|-----|--|--|
| | | <p>Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period</p> | <p>The number of beneficiaries who use withdrawal management services during CY 2019 declined by 3% over the year, and then saw a steep increase of 85% by the second quarter of 2020. These are very small numbers and slight quarter to quarter shifts result in large percentage changes.</p> <p>Despite the upward trend, these numbers likely do not reflect the need for, or actual utilization of, withdrawal management services in the state. The provider network for withdrawal management services has been particularly challenged by the COVID-19 public health emergency because this set of services does not readily fit into a telehealth delivery model. In addition, tracking withdrawal management utilization in New Mexico is based on non-revenue producing HCPCS codes, and some providers may not be using these codes to accurately capture services. The state plans to engage in provider education to try to remedy this underreporting, and we may need to address data collection for this metric as well.</p> <table border="1" data-bbox="1121 998 1894 1144"> <thead> <tr> <th colspan="4" data-bbox="1121 998 1507 1031">DY1 (2019)</th> <th colspan="4" data-bbox="1507 998 1894 1031">DY2 (2020)</th> </tr> <tr> <th data-bbox="1121 1031 1220 1063">Q1</th> <th data-bbox="1220 1031 1318 1063">Q2</th> <th data-bbox="1318 1031 1417 1063">Q3</th> <th data-bbox="1417 1031 1507 1063">Q4</th> <th data-bbox="1507 1031 1606 1063">Q1</th> <th data-bbox="1606 1031 1705 1063">Q2</th> <th data-bbox="1705 1031 1803 1063">Q3</th> <th data-bbox="1803 1031 1894 1063">Q4</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 1063 1220 1096">62</td> <td data-bbox="1220 1063 1318 1096">63</td> <td data-bbox="1318 1063 1417 1096">55</td> <td data-bbox="1417 1063 1507 1096">60</td> <td data-bbox="1507 1063 1606 1096">113</td> <td data-bbox="1606 1063 1705 1096">111</td> <td data-bbox="1705 1063 1803 1096"></td> <td data-bbox="1803 1063 1894 1096"></td> </tr> <tr> <td data-bbox="1121 1096 1220 1144"></td> <td data-bbox="1220 1096 1318 1144">2%</td> <td data-bbox="1318 1096 1417 1144">-13%</td> <td data-bbox="1417 1096 1507 1144">9%</td> <td data-bbox="1507 1096 1606 1144">88%</td> <td data-bbox="1606 1096 1705 1144">-2%</td> <td data-bbox="1705 1096 1803 1144"></td> <td data-bbox="1803 1096 1894 1144"></td> </tr> </tbody> </table> | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 62 | 63 | 55 | 60 | 113 | 111 | | | | 2% | -13% | 9% | 88% | -2% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 | 63 | 55 | 60 | 113 | 111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2% | -13% | 9% | 88% | -2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|------------|--------|----|----|--|--|--|------------|--|--|--|------------|--|--|--|----|----|----|----|----|----|----|----|--------|--------|--------|--------|--------|--------|--|--|--|----|----|----|----|----|--|--|
| | | Number of beneficiaries who have a claim for MAT for SUD during the measurement period | <p>The number of beneficiaries who had a claim for MAT for SUD during CY 2019 rose by 10% during the year, and then by another 4% by the second quarter of 2020. SUD is a key behavioral health issue for the state and even this positive trend likely represents underutilization of this critical service. The state has identified a large number of providers certified to provide buprenorphine who are not actively prescribing and will be working to address this situation in the coming year.</p> <table border="1" data-bbox="1121 662 1892 834"> <thead> <tr> <th colspan="4" data-bbox="1121 662 1507 708">DY1 (2019)</th> <th colspan="4" data-bbox="1507 662 1892 708">DY2 (2020)</th> </tr> <tr> <th data-bbox="1121 708 1220 753">Q1</th> <th data-bbox="1220 708 1318 753">Q2</th> <th data-bbox="1318 708 1417 753">Q3</th> <th data-bbox="1417 708 1507 753">Q4</th> <th data-bbox="1507 708 1606 753">Q1</th> <th data-bbox="1606 708 1705 753">Q2</th> <th data-bbox="1705 708 1803 753">Q3</th> <th data-bbox="1803 708 1892 753">Q4</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 753 1220 799">28,941</td> <td data-bbox="1220 753 1318 799">29,210</td> <td data-bbox="1318 753 1417 799">30,512</td> <td data-bbox="1417 753 1507 799">31,705</td> <td data-bbox="1507 753 1606 799">32,623</td> <td data-bbox="1606 753 1705 799">33,028</td> <td data-bbox="1705 753 1803 799"></td> <td data-bbox="1803 753 1892 799"></td> </tr> <tr> <td data-bbox="1121 799 1220 834"></td> <td data-bbox="1220 799 1318 834">1%</td> <td data-bbox="1318 799 1417 834">4%</td> <td data-bbox="1417 799 1507 834">4%</td> <td data-bbox="1507 799 1606 834">3%</td> <td data-bbox="1606 799 1705 834">1%</td> <td data-bbox="1705 799 1803 834"></td> <td data-bbox="1803 799 1892 834"></td> </tr> </tbody> </table> | | | | | | | | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 28,941 | 29,210 | 30,512 | 31,705 | 32,623 | 33,028 | | | | 1% | 4% | 4% | 3% | 1% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28,941 | 29,210 | 30,512 | 31,705 | 32,623 | 33,028 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1% | 4% | 4% | 3% | 1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 Metric trends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1.1 The state reports the following metric trends related to Milestone 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period |
|--|---|----------------------------|---|
| 4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3) | | | |
| 4.1 Metric trends | | | |
| 4.1.1 The state reports the following metric trends related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i> | | | |
| 5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4) | | | |
| 5.1 Metric trends | | | |
| 5.1.1 The state reports the following metric trends related to Milestone 4 | | | |
| 6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5) | | | |
| 6.1 Metric trends | | | |
| 6.1 The state reports the following metric trends related to Milestone 5 | | | |
| 7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6) | | | |
| 7.1 Metric trends | | | |
| 7.1.1 The state reports the following metric trends related to Milestone 6 | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|------------|-------|----|----|------------|--|--|--|----|----|----|----|----|----|----|----|-------|-------|-------|-------|-------|-------|--|--|--|----|----|-----|----|-----|--|--|
| 8. SUD health information technology (health IT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.1 Metric trends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.1.1 The state reports the following metric trends related to its health IT metrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.2 Other SUD-related metrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.2.1 Metric trends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.2.1 The state reports the following metric trends related to other SUD-related metrics | | Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period. | <p>The total number of ED visits for SUD per 1,000 beneficiaries in CY2019 rose by 3% across the year, and then dropped by 8% by the second quarter of 2020. Since the start of Centennial Care 2.0 in CY2019, the state has expanded access to both inpatient and outpatient SUD services, which clearly has an impact on ED utilization. However, the most likely primary driver of the 2020 decrease is the COVID-19 public health emergency, during which many New Mexicans have been unwilling and/or unable to go to hospitals. Other data show rising levels of behavioral health issues with anxiety, depression and suicidality, and as increases in some of the metrics above, many New Mexicans have been able to access needed services through outpatient, residential and IOP providers, particularly as the state opened all BH services to telehealth delivery – and may have begun to establish more sustainable paths to care.</p> <table border="1" data-bbox="1121 1182 1894 1375"> <thead> <tr> <th colspan="4" data-bbox="1121 1182 1507 1222">DY1 (2019)</th> <th colspan="4" data-bbox="1507 1182 1894 1222">DY2 (2020)</th> </tr> <tr> <th data-bbox="1121 1222 1220 1279">Q1</th> <th data-bbox="1220 1222 1318 1279">Q2</th> <th data-bbox="1318 1222 1417 1279">Q3</th> <th data-bbox="1417 1222 1507 1279">Q4</th> <th data-bbox="1507 1222 1606 1279">Q1</th> <th data-bbox="1606 1222 1705 1279">Q2</th> <th data-bbox="1705 1222 1803 1279">Q3</th> <th data-bbox="1803 1222 1894 1279">Q4</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 1279 1220 1320">17.14</td> <td data-bbox="1220 1279 1318 1320">18.32</td> <td data-bbox="1318 1279 1417 1320">19.34</td> <td data-bbox="1417 1279 1507 1320">17.73</td> <td data-bbox="1507 1279 1606 1320">17.95</td> <td data-bbox="1606 1279 1705 1320">16.25</td> <td data-bbox="1705 1279 1803 1320"></td> <td data-bbox="1803 1279 1894 1320"></td> </tr> <tr> <td data-bbox="1121 1320 1220 1375"></td> <td data-bbox="1220 1320 1318 1375">7%</td> <td data-bbox="1318 1320 1417 1375">6%</td> <td data-bbox="1417 1320 1507 1375">-8%</td> <td data-bbox="1507 1320 1606 1375">1%</td> <td data-bbox="1606 1320 1705 1375">-9%</td> <td data-bbox="1705 1320 1803 1375"></td> <td data-bbox="1803 1320 1894 1375"></td> </tr> </tbody> </table> | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 17.14 | 18.32 | 19.34 | 17.73 | 17.95 | 16.25 | | | | 7% | 6% | -8% | 1% | -9% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17.14 | 18.32 | 19.34 | 17.73 | 17.95 | 16.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7% | 6% | -8% | 1% | -9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 New Mexico Centennial Care 2.0

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|--|--|------------|------|----|----|------------|--|--|--|----|----|----|----|----|----|----|----|------|------|------|------|------|------|--|--|--|----|----|-----|-----|----|--|--|
| | | Total number of inpatient stays per 1,000 beneficiaries in the measurement period. | <p>The total number of inpatient stays related to SUD per 1,000 beneficiaries rose 6% during 2019, and then dropped slightly by 1% by the second quarter of 2020. As with the metric for ER use, the primary driver of this plateau is most likely the COVID-19 public health emergency, during which many New Mexicans have been unwilling and/or unable to go to hospitals. Other data show rising levels of behavioral health issues with anxiety, depression and suicidality, and as increases in some of the metrics above, many New Mexicans have been able to access needed services through outpatient, residential and IOP providers, particularly as the state opened all BH services to telehealth delivery – and may have begun to establish more sustainable paths to care.;</p> <table border="1" data-bbox="1121 831 1894 1023"> <thead> <tr> <th colspan="4" data-bbox="1121 831 1507 873">DY1 (2019)</th> <th colspan="4" data-bbox="1507 831 1894 873">DY2 (2020)</th> </tr> <tr> <th data-bbox="1121 873 1220 922">Q1</th> <th data-bbox="1220 873 1318 922">Q2</th> <th data-bbox="1318 873 1417 922">Q3</th> <th data-bbox="1417 873 1507 922">Q4</th> <th data-bbox="1507 873 1606 922">Q1</th> <th data-bbox="1606 873 1705 922">Q2</th> <th data-bbox="1705 873 1803 922">Q3</th> <th data-bbox="1803 873 1894 922">Q4</th> </tr> </thead> <tbody> <tr> <td data-bbox="1121 922 1220 971">7.50</td> <td data-bbox="1220 922 1318 971">7.83</td> <td data-bbox="1318 922 1417 971">8.22</td> <td data-bbox="1417 922 1507 971">7.96</td> <td data-bbox="1507 922 1606 971">7.90</td> <td data-bbox="1606 922 1705 971">7.87</td> <td data-bbox="1705 922 1803 971"></td> <td data-bbox="1803 922 1894 971"></td> </tr> <tr> <td data-bbox="1121 971 1220 1023"></td> <td data-bbox="1220 971 1318 1023">4%</td> <td data-bbox="1318 971 1417 1023">5%</td> <td data-bbox="1417 971 1507 1023">-3%</td> <td data-bbox="1507 971 1606 1023">-1%</td> <td data-bbox="1606 971 1705 1023">0%</td> <td data-bbox="1705 971 1803 1023"></td> <td data-bbox="1803 971 1894 1023"></td> </tr> </tbody> </table> | DY1 (2019) | | | | DY2 (2020) | | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | 7.50 | 7.83 | 8.22 | 7.96 | 7.90 | 7.87 | | | | 4% | 5% | -3% | -1% | 0% | | |
| DY1 (2019) | | | | DY2 (2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.50 | 7.83 | 8.22 | 7.96 | 7.90 | 7.87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4% | 5% | -3% | -1% | 0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an

NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”